



Concussion for Match Officials

TEAMWORK RESPECT ENJOYMENT DISCIPLINE SPORTSMANSHIP



Welcome

- Part of the RFU “Don’t be a HEADCASE” concussion awareness and education programme - Launched Jan 2013
- Superseded previous campaign – “Use your head” launched in 2007.

For more information visit - www.englandrugby.com/headcase.

For resources email – health@rfu.com

Follow - @EnglandRugbyCoach and @RugbySafe



DON'T BE A HEADCASE STOP! CHECK FOR CONCUSSION
HEADACHE EMOTIONAL APPEARANCE DROWSINESS CONFUSION AGITATED SEIZURE EARS AND EYES



RFU Concussion Risk Management Strategy – Summary



Prevention



Education



Management



Research



Communication

Across communities of practice (Priority = coaches)

Evidence based, independently reviewed, and effectiveness evaluated



What is concussion?

- The brain is injured as a result of a blow to the head or body
- It is a **traumatic brain injury**
- ? Functional disturbance – routine brain scans are normal
- Variable impact threshold
- Loss of consciousness in only 10 - 15% of cases
- Recognition can be difficult
- Symptoms may be delayed up to 72 hours
- Usually expect complete recovery
- Repetitive concussions, particularly before full recovery can have potential for serious and/or long term consequences



What have we started to understand?

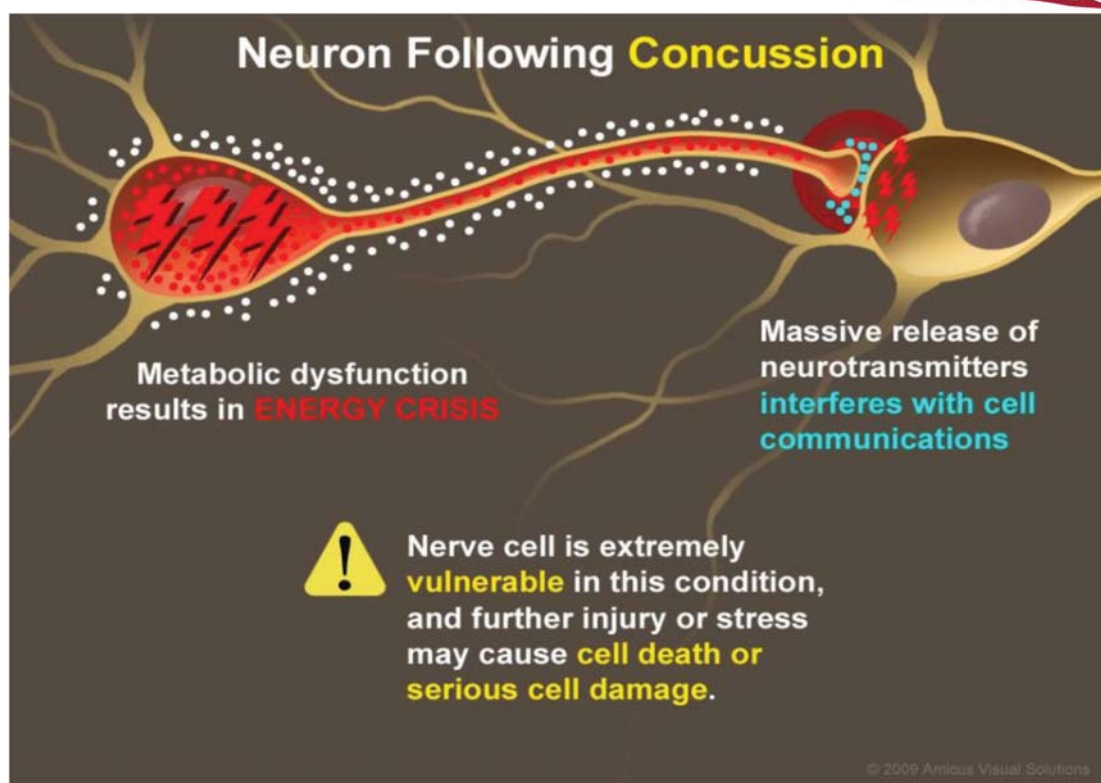
- **Concussion takes longer to resolve than previously thought**
- **There is microscopic structural injury to nerve cells**
- **The brain is more vulnerable to further injury immediately after and during recovery from a concussion:**
 - Risk of further concussion – likely to be more severe and prolonged
 - Further brain injury – very rare but fatal brain injury in young players (second impact syndrome)
- **Concussed players are at 2 – 3 times increased risk of other injury:**
 - slowed reactions and poor coordination
- **Repetitive concussions:**
 - Increase the risk of prolonged concussion symptoms
 - May cause early onset cognitive and memory impairment in latter life
 - Potential association with degenerative brain disease in latter life.



Some technical stuff!!!



Short term effects - a bit of science



Concussion Rates

Sport	Concussion rate per 1000 player hours
Horse racing (Amateur)	95
Horse racing (Jumps)	25
Horse racing (Flat)	17
Boxing (professional)	13
Australian football (professional)	4 - 20
Rugby union (professional)	7 – 11
Ice Hockey (NHL)	1.5???
Rugby Union (Youth)	1 – 2
Rugby union (amateur adult)	1 – 1.5
Soccer football (FIFA)	0.4
NFL football (NFL)	0.2???

Source – 4th Int Concussion Conference Presentation – Dr M Turner + subsequent publications



Prevention



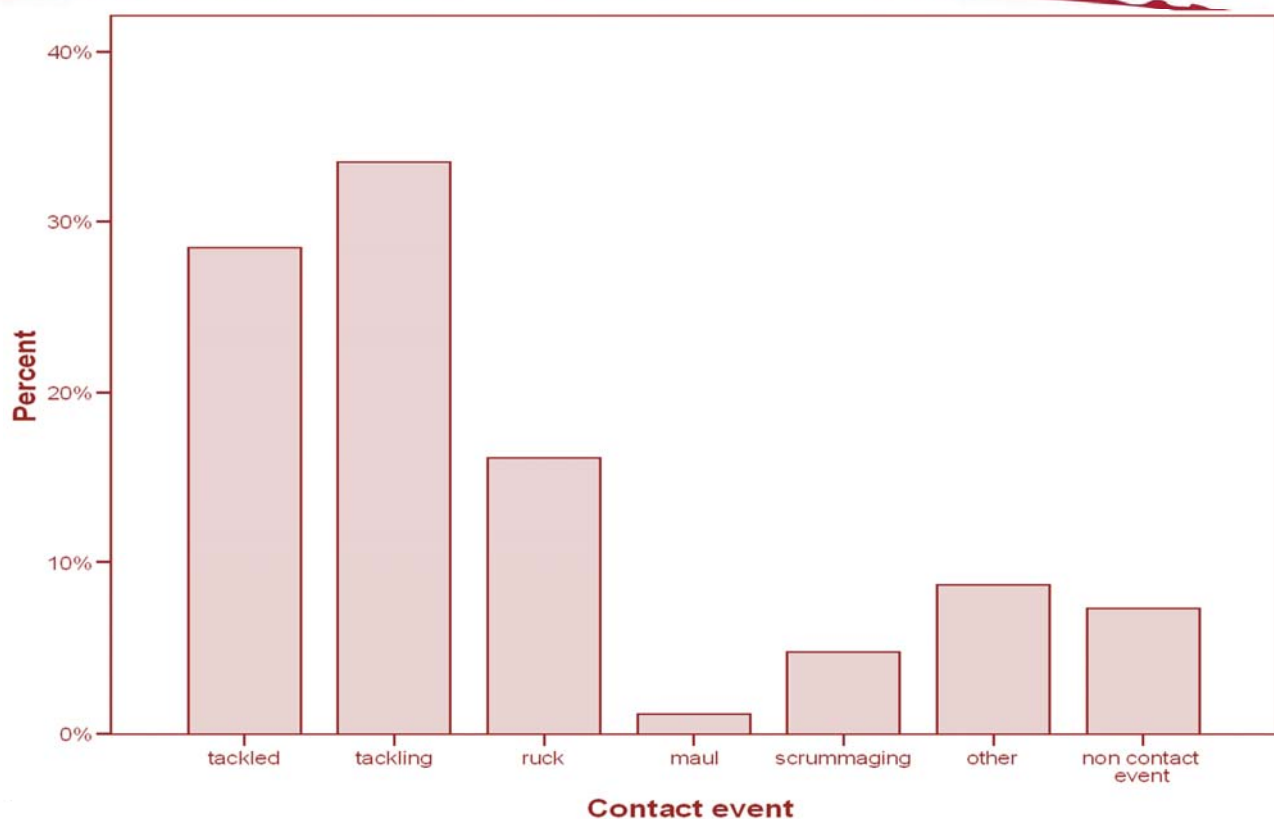
ALL have a part to play

Coaches have the key role because:

- Primary source for concussion information for players
- Set culture within the team/squad/club
- Develop players:
 - Techniques
 - Influence behaviours
 - Provide information/education
- Select who plays and plan training sessions + Manage replacements
- Often first or only adult on scene



Injuries by Event - Youth



Prevention – ALL have a part to play

- Match Officials
 - Zero tolerance of foul play that results in head trauma:
 - Collision “tackles”
 - High tackle
 - Tip/spear tackle
 - Taking out player in the air
 - Targeting head in contact and punching
 - Playing/training ground conditions



On-Field Management



DON'T BE A HEADCASE STOP! CHECK FOR CONCUSSION

HEADACHE EMOTIONAL APPEARANCE DROWSINESS CONFUSION AGITATED SEIZURE EARS AND EYES

TAKE CONCUSSION SERIOUSLY

RECOGNISE – know the symptoms and signs of concussion. Remember you do not need to be knocked out to have a concussion.

REMOVE – any player with suspected concussion, right away. Continuing to play increases their risk of more severe injury, and longer lasting concussion symptoms, as well as increasing their risk of other injury.

RECOVER – take time to fully recover as you would with any other injury.

RETURN – all players must follow a step-wise Graduated Return to Play (GRTP) and must not go back to rugby/sport until they have been cleared to do so by a doctor

For more information visit - www.englandrugby.com/headcase



RECOGNISE

- Obvious:
 - Actual or suspected loss of consciousness
 - Convulsion or posturing
 - Loss of coordination/balance
 - Vomiting
 - Confusion
 - Memory loss
 - Clearly dazed



RECOGNISE

- Less obvious:
 - Nausea
 - Drowsy
 - Irritable
 - Emotional
 - Fatigue/low energy
 - Anxious/nervous
 - Poor memory
 - Neck pain
 - Headache/pressure in head
 - Dizziness
 - Blurred vision
 - Sensitive to light/noise
 - Difficulty concentrating
 - Feeling in a fog
 - **“Don’t feel right”**



Danger Signs

- Danger Signs = **dial 999**
 - Deteriorating conscious level
 - Increasing confusion or irritability
 - Severe or increasing headache
 - Repeated vomiting
 - Unusual behaviour
 - Seizure/convulsion
 - Double vision or deafness
 - Weakness/tingling/burning in limbs



RECOGNISE

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | |
|--------------------------|----------------------------|
| - Loss of consciousness | - Headache |
| - Seizure or convulsion | - Dizziness |
| - Balance problems | - Confusion |
| - Nausea or vomiting | - Feeling slowed down |
| - Drowsiness | - "Pressure in head" |
| - More emotional | - Blurred vision |
| - Irritability | - Sensitivity to light |
| - Sadness | - Amnesia |
| - Fatigue or low energy | - Feeling like "in a fog" |
| - Nervous or anxious | - Neck Pain |
| - "Don't feel right" | - Sensitivity to noise |
| - Difficulty remembering | - Difficulty concentrating |

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week/game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- | | |
|--|---------------------------------|
| - Athlete complains of neck pain | - Deteriorating conscious state |
| - Increasing confusion or irritability | - Severe or increasing headache |
| - Repeated vomiting | - Unusual behaviour change |
| - Seizure or convulsion | - Double vision |
| - Weakness or tingling/burning in arms or legs | |

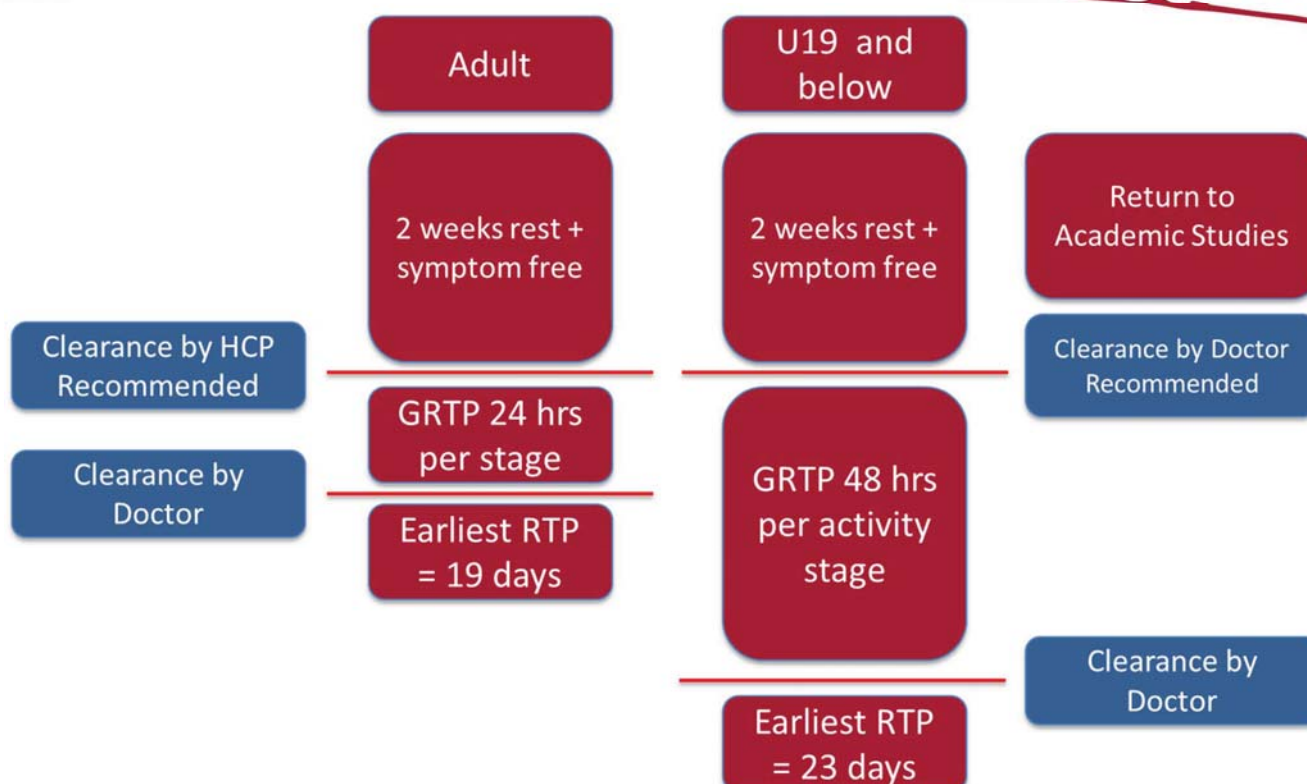
Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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RECOVER & RETURN - RTP Guidelines



Video Clip & Discussion



The Role of the Match Official?

MOs have a clear responsibility for player safety

- How can MOs help prevent head trauma?
 - Ensure the playing or training area is safe, and the risk of serious head injury occurring is reduced
 - Ensure all posts and barriers on or close to the pitch are protected with appropriate padding.
 - Penalising foul play that results in head trauma

Prevention

- **Law 10.9 Dangerous charging:**
 - A player must not charge or knock down an opponent carrying the ball without trying to grasp that player.
 - A player must not charge into a ruck or maul. Charging includes any contact made without use of the arms, or without grasping a player.
 - Tackling the jumper in the air.
 - Lifting a player from the ground and dropping or driving that player into the ground whilst that player's feet are still off the ground such that the player's head and/or upper body come into contact with the ground first is dangerous play.



The Role of the Match Official?

- **Interface with Health Care Professionals**
- **Use of Law 3.9**

If the referee decides – with or without the advice of a doctor or other medically qualified person – that a player is so injured that the player should stop playing, the referee may order that player to leave the playing area. The referee may also order an injured player to leave the field in order to be medically examined.

RECOGNISE and REMOVE , and “If in doubt sit them out”



Questions?

EnglandRugby.com/headcase

[**health@rfu.com**](mailto:health@rfu.com)



Summary

- Apply the Laws to prevent head trauma
- 4 Rs = Recognise – Remove – Recover – Return
- Use Law 3.9 to ensure good player safety decisions are made

EXPERTS AGREE BENEFITS OF RUGBY OUTWEIGH RISKS

